

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for date of service 5-11-01.
- b. The request was received on 2-14-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA(s)
 - c. EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, No Response was noted in the dispute Packet.
3. Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the request on 6-28-02. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 2-1-02:

"We initially submitted our claim on the 05/11/01 date of service and received the explanation of benefits, which reflects a reduction in our fees by \$850.00 for the code of 64721. The reason given was, "Unbundling-included in another billed procedure. We resubmitted the claim for reconsideration, and the carrier responded with the payment of \$425.00, then citing the multiple surgical procedure rules...The patient had **two** procedures performed, to **two separate sites through two separate incisions**. The code of 64718 was performed to the **elbow**, and the 64721 was performed to the **wrist**, which required additional preparation for each site...Therefore, these two procedures are primary procedures performed to **two separate sites** and require full payment..."
2. Respondent: No response was noted in the dispute packet.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 5-11-01.
2. The Carrier denied the disputed services as, "G-UNBUNDLING INCLUDED IN ANOTHER BILLED PROCEDURE".
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
5-11-01	64721	\$850.00	\$425.00	G	\$850.00	MFG: Surgery Ground Rules; (I)(D) (1) (c); CPT Descriptor	<p>The carrier has denied the charge in dispute as "G".</p> <p>The Operative Report indicated that two separate procedures were performed. Neurolysis of the ulnar nerve was performed along with a Carpal Tunnel Release. Based on the documentation reviewed, both are considered separate procedures. Two separate incisions were required in order to perform the procedures billed. Medical documentation does not indicate that the two procedures were related to each other.</p> <p>Therefore, additional reimbursement is recommended in the amount of \$425.00.</p>
Totals		\$850.00	\$425.00				The Requestor is entitled to reimbursement in the amount of \$425.00

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$425.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 13th day of September 2002.

Lesia Lenart, RN
 Medical Dispute Resolution Officer
 Medical Review Division

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